

ISSUE SLIP STAPLE AREA (for additional cross references)

BEST AVAILABLE COPY

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | VT | 69605 | 8/4/99 |
| O.I.P.E. CLASSIFIER | | 72 | 8/11 |
| FORMALITY REVIEW | OK | 71423 | 8-24-99 |
| | OK | 71423 | 10-22-99 |

INDEX OF CLAIMS

| | | | |
|------------------------|------------|---------|--------------|
| | Rejected | N | Non-elected |
| | Allowed | I | Interference |
| (Through numeral)..... | Canceled | A | Appeal |
| | Restricted | O | Objected |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here